FEC

STATEMENT OF

FORM 1	ORGANIZ	ZATION		
i Ornivi i	(See instruct	tions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Teva Pharmac	euticals USA, Inc. Political Act	ion Committee		
ADDRESS (number and	street) 25 Massachusetts	Avenue, NW		
(Check if address is changed)	Suite 440		<u> </u>	
	Washington		J DC	20001 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one			
(Check if address is changed)	lisa.yerk@tevausa.	.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	3			
2. DATE M_M	1 / D D / Y Y Y Y			
0.3	11 2009			
3. FEC IDENTIFICA	TION NUMBER	C C00434811		
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my k	nowledge and belief it is true, corre	ect and complete	
	Daharah Aliaa	Cuittin		
Type or Print Name of	Treasurer Deborah Alice	Griiiii		
Signature of Treasurer	Electronically Filed by Deborah	Alice Griffin	Date 03	/ 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information n	nay subject the person signing this		-
Ottica	ANT OF ANGL IN INFORM			
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-9	nmission	FEC FORM 1 (Revised 02/2009)